


2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7160 3901 9848 9056 6741		A. Received by (Please Print Clearly) <i>S. SLANSON</i>	B. Date of Delivery <i>10-28-05</i>
3. Service Type CERTIFIED MAIL		C. Signature <i>S. Slanson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Article Addressed to: RELIASTAR LIFE INSURANCE COMPANY C/O CT CORPORATION 2000 INTERSTATE PARK SUITE 204 MONTGOMERY, AL 36104			
PS Form 3811, July 2001 Domestic Return Receipt			

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